

Division Use Only
— DLN Stamp—



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— Date Stamp—

State of New Jersey

10-2010

Pursuant to NJSA 54:39-101 et seq

Form PPT-9

Petroleum Products Gross Receipts Tax

Termination of Registration and/or
Direct Payment Permit

PART 1

Company Name		Address	
ID #	Phone #	Address	
Requested date of termination		City, State Zip	

Part 2

Briefly state the reason you are terminating your registration / permit:

State the quantity of fuels held in inventory

Gasoline	Diesel	AvGas	Jet Kerosene	Kerosene	LPG
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State the type and value of other petroleum products held in inventory

State the disposition of petroleum products held in inventory. Include name, address, and ID#'s of anyone who received inventory.

State the disposition of the property and business. If sold, state the name, address, and ID# of purchaser or purchasers.

Part 3

By signing I am acknowledging that this company will cease all activities requiring a Distributor of Motor Fuels License. This company's final report is due on the 20th of the month following the date of cancellation. I understand that in order to effect the cancellation, all outstanding payments must be made and all outstanding reports must be filed.

Signature – must be signed by owner or corporate officer	Date Signed
Printed Name	Title